



GEORGIA STATE BOARD OF PHYSICAL THERAPY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
(478) 207-2440
www.sos.state.ga.us/plb/pt

INFORMATION SHEET FOR LETTER OF AGREEMENT FOR TRAINEESHIP FOR CAPTE EDUCATED EXAMINATION APPLICANTS

Please read this sheet, Rule 490-2-.04 Training Permits, and the Laws and Rules prior to completing the Letter of Agreement for Traineeship Supervision. You may not practice in Georgia without a license OR training permit issued by the Board.

✓	APPROVAL OF TRAINEESHIP AGREEMENT. Complete and submit the following information in order for the Board to consider the traineeship agreement.	
	APPLICATION FOR LICENSURE	A completed application for licensure by examination along with fee and supporting documents. The board must approve your application for licensure.
	TRAINEESHIP AGREEMENT	The letter of agreement for traineeship must be completed by the supervisor, signed and dated by both the supervisor and the trainee.
	SITE LOCATIONS	The name, address, phone and fax numbers of ALL sites where trainee and supervisor may be working during the course of traineeship.
	TIME REQUIREMENT	Upon issuance of a Traineeship Permit, the CAPTE educated applicant must complete a minimum of 480 hours within a three (3) month period before taking the NPTE.

GENERAL INFORMATION

Graduates of a Physical Therapy and Physical Therapy Assistant programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) are not required to complete a traineeship. If you wish to train prior to taking the NPTE, you may apply for a traineeship. Approval and issuance of a traineeship permit is at the discretion of the Board.

Once a traineeship agreement has been approved, the applicant and supervisor have entered into a contract with the Georgia State Board of Physical Therapy. Failure to adhere to the terms of the traineeship may result in disciplinary actions being taken against any and all parties. The Board must approve any changes in the traineeship agreement prior to implementation.

The SUPERVISOR holds full responsibility for providing direct, continuous, 100% on-site supervision of the trainee at all times and assuring that the trainee does not perform any patient care activities in his/her absence except under an emergency as defined in the Rules.

If the approved supervisor is unable to complete the full three (3) month period, a new Traineeship Agreement Form must be submitted and approved by the Board. The initial traineeship permit must be returned to the Board with a new Traineeship Agreement Form. Once the new supervisor is approved and a new permit issued, the applicant can begin accruing traineeship hours.

TERMINATION OF TRAINEESHIP: Traineeships are immediately terminated, as outlined in the rules, any time the applicant does not exhibit performance satisfactory to the supervisor. The training permit (original) must be immediately returned to the board office.

❖ Once a permit is issued, Trainees must sign their notes: “PT Trainee or PTA Trainee”.



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INFORMATION SHEET FOR LETTER OF AGREEMENT FOR TRAINEESHIP FOR FOREIGN EDUCATED EXAMINATION APPLICANTS

Please read this sheet, Rule 490-2-.04 Training Permits, and the Laws and Rules prior to completing the Letter of Agreement for Traineeship Supervision. You may not practice in Georgia without a license OR training permit issued by the Board.

✓	APPROVAL OF TRAINEESHIP AGREEMENT. Complete and submit the following information in order for the Board to consider the traineeship agreement.	
	APPLICATION FOR LICENSURE	A completed application for licensure by examination along with fee and supporting documents. The board must approve your application for licensure.
	TRAINEESHIP AGREEMENT	The letter of agreement for traineeship must be completed by the supervisor, signed and dated by both the supervisor and trainee.
	SITE LOCATIONS	The name, address, phone and fax numbers of ALL sites where trainee and supervisor may be working during the course of traineeship.
	TIME REQUIREMENT	Upon issuance of a Traineeship Permit, the non-CAPTE educated applicant must complete a minimum of 480 hours within a three (3) month period before taking the NPTE.

GENERAL INFORMATION

The foreign educated applicant **MUST** successfully pass a Board-approved, three (3) month traineeship before taking the NPTE.

The supervisor must submit a satisfactory performance evaluation at the end of the three (3) month traineeship, as well as verify that the three (3) month training period has been completed.

Once a traineeship agreement has been approved, the applicant and supervisor have entered into a contract with the Georgia State Board of Physical Therapy. Failure to adhere to the terms of the traineeship may result in disciplinary actions being taken against any and all parties. The Board prior to implementation must approve any changes in the traineeship agreement.

The **SUPERVISOR** holds full responsibility for providing direct, continuous, 100% on-site supervision of the trainee at all times and assuring that the trainee does not perform any patient care activities in his/her absence except under an emergency as defined in the Rules.

If the approved supervisor is unable to complete the full three (3) month period, a new Traineeship Agreement Form must be submitted and approved by the Board. The initial traineeship permit must be returned to the Board with a new Traineeship Agreement Form. Once the new supervisor is approved and a new permit issued, the applicant can begin accruing traineeship hours.

TERMINATION OF TRAINEESHIP: Traineeships are immediately terminated, as outlined in the rules, any time the applicant does not exhibit performance satisfactory to the supervisor. The training permit (original) must be immediately returned to the board office.

❖ Once a permit is issued, Trainees must sign their notes as “PT Trainee or PTA Trainee”.



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LETTER OF AGREEMENT FOR TRAINEESHIP SUPERVISION

Please read the traineeship/training permit information sheet and the Laws and Rules prior to completing this agreement.

	LAST	FIRST	MIDDLE
TRAINEE'S NAME			
NAME OF FACILITY			
ADDRESS	STREET	CITY	STATE ZIP
PHONE #'S			
TYPE OF FACILITY			
SUPERVISOR'S NAME			GA LICENSE #
ANTICIPATED BEGIN DATE OF TRAINEESHIP		# OF HRS. TO BE WORKED PER WEEK	

TRAINEESHIP SUPERVISION	SUPERVISOR MUST INITIAL EACH PROVISION LISTED.
As the primary supervisor of the above-named trainee, I agree to adhere to the following provisions:	
INITIAL HERE:	
	Accept full responsibility for direct, continuous, 100% on-site supervision of the trainee at all times.
	Assure that the trainee does not perform any patient care activities in my absence except under an emergency situation as defined in the Rules.
	Evaluate the performance of the trainee on an on-going basis in the following areas:
	○ Evaluation skills;
	○ Treatment skills;
	○ Documentation;
	○ Written, oral and non-verbal communication skills;
	○ Compliance with safety standards;
	○ Compliance with professional and ethical standards;
	○ Ability to function within the healthcare system.
	Notify the board of any unsatisfactory performance.
	Supervise no more than two (2) trainees during any one-time period.
	Assure that the trainee receives my 100% onsite supervision.
	Assure that trainee provides a copy of the training permit to me once issued and take responsibility in assuring practice only during approved dates listed on the training permit.
	Submit a performance evaluation at the end of the three (3) month traineeship.

AFFIRMATION STATEMENTS

SUPERVISOR AFFIRMATION STATEMENT

I affirm under penalties of perjury that my Georgia license is in good standing. I have practiced full-time for not less than one (1) continuous year, or the equivalent of one (1) full year in the past three years in Georgia or in the state of _____ license number _____.

SUPERVISOR'S SIGNATURE

DATE

TRAINEE AFFIRMATION STATEMENT

I affirm under penalties of perjury that I have read and understand the instructions and the provisions of this Traineeship Agreement.

TRAINEE'S SIGNATURE

DATE